



AVID: Advancement Via Individual Determination
2018-2019 Student Application
Palmetto High School

Student Name: _____ Current Grade: _____

School Currently Attending: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Are you currently in AVID? _____

Have you received the Take Stock in Children Scholarship? _____

Have you applied and/or been accepted into the AICE program? _____

You must be enrolled in at least one honors course to be accepted into the AVID program.

Are you currently signed up for at least one pre AICE, AICE, Dual Enrollment, or AP course? _____

Which course(s)? _____

Student Statement

As an AVID student, I understand that I am required to maintain grades that will help me pursue my college goals, always put forth my best effort and to be a role model in my school. I am required to study one to two hours nightly, keep an orderly and well organized binder which will include all of my core classes, maintain an agenda/planner, commit to at least one year in the AVID program, and treat myself, my school, and my peers with respect. I will maintain good discipline and attendance in school. I understand and commit to these guidelines.

Student Signature

Parent Statement

As the parent or guardian of an AVID student, I understand that I must support my child in his or her journey toward pursuing the dream of going to college, and I must be an advocate for his or her success. I will participate in this process by attending parent meetings, by ensuring my student studies one to two hours each day, and by overseeing my student's maintenance of his/her binder and agenda.

Parent/Guardian Signature

Please answer the following questions in complete sentences.

1. What subject is your best or favorite subject and why?

2. What subject(s) in school do you find to be the most challenging and why?

3. Why do you wish to be in the AVID program?

4. How much time do you spend at home studying and doing homework each day? Explain how you use the time.

5. Are you willing to carry a three-inch binder which includes tabs for all of your classes and an agenda?

6. Do you dream of going to college? Why or why not?

7. What would you like your future career to be and why?

8. What else would you like us to know about you or your family that will help us to evaluate your candidacy for the AVID program?

Remember that participation in the AVID program requires that you take the AVID Elective course as one of your electives. This will most likely be instead of the Personal, Career, Social Development Course.

Do you agree to take the AVID elective course? YES or NO

Current and potential AVID students may be interviewed for acceptance into the AVID program.

Student Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Guidance Counselor Recommendation:

Student's Cumulative Weighted GPA: _____

Most recent FSA ELA Score: _____ EOC Math Test Score: _____

I recommend the above student for the Palmetto High School AVID Program.

Signature of Guidance Counselor: _____

Guidance Counselor Printed Name: _____

*** If you are currently in an AVID program at another school, please have your AVID elective teacher sign your form. (Please note: Our AVID program at PHS is limited in the number of 9th grade students who can be accepted. Current AVID enrollment does not guarantee admission to PHS AVID).

I recommend the above student for the Palmetto High School AVID program.

Signature of AVID Elective Teacher or Coordinator: _____

AVID Elective Teacher or Coordinator's Printed Name: _____

Please return this form and your teacher recommendation form to Mrs. Little at Palmetto High School no later than March 2, 2018. If you have any questions, please contact Mrs. Little at 941-723-4848 ext. 2038 or by email at littlej@manateeschools.net.

The sooner you submit your application, the better. Palmetto High School will most likely have limited openings for the AVID program.



PALMETTO HIGH SCHOOL

AVID PROGRAM TEACHER RECOMMENDATION FORM

***PLEASE SELECT ONE OF YOUR CURRENT HONORS TEACHERS TO COMPLETE YOUR RECOMMENDATION FORM.**

Student Name _____

Teacher Name _____

Course _____

Current Grade A B C D F

Current Citizenship 1 2 3 4

Please rate the student on the criteria listed below; 1 is the lowest, 5 is the highest.

Organizational Skills	1	2	3	4	5	NA
Motivation	1	2	3	4	5	NA
Initiative	1	2	3	4	5	NA
Leadership Potential	1	2	3	4	5	NA
Responsibility	1	2	3	4	5	NA
Participation	1	2	3	4	5	NA
Assignment Completion	1	2	3	4	5	NA
Time Management	1	2	3	4	5	NA

Additional Comments:

Please return this form either to the student, AVID elective teacher at your school, or to Jennifer Little at Palmetto High School. For additional information or questions, please contact: littlej@manateeschools.net or phone (941) 723-4848 ext. 2038.

Thank you for your time and consideration